Revised 06/08

## IOWA THICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

PM 4: DES MOINES, IA 50319 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of

#### FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For Indexed	office us	e only	
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his report to the Government Oversight Committee. This form is eceipt of the gift or bequest.	s to be filed within 20 days of Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU	JEST:
Newton Correctional Facility	
Name of Department or Office	
PO Box 218	Newton, IA 50208
Mailing Address 641-792-7552 x 411	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:
Terry Mapes	
Name PO Box 218	Newton, IA 50208
Mailing Address (if different from above)	City, State, Zip (if different from above)
terry.mapes@iowa.gov	5.5), 5.116, <u>-</u>
Email Address	Area Code & Telephone Number (if different from above)
Sarah Zaruba  Name PO Box 218 Mailing Address City, State, Zip Code 641-792-7552  Area Code & Telephone Number sarah.zaruba@iowa.gov Email Address (optional)  Provide a description of the gift or bequest and purpose thereof: Used books for the institution library for offenders.  Criteria to use this form:	4-23-09 \$15.00  Date of Gift or Bequest Amount/Value*  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
tatement of Affirmation:	ne state or received by the Governor on behalf of the state.
Seessment of the fair market value (if applicable) is correct and true to the fair market valu	he best of my knowledge. $6-1-09$

Signature

Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

PM (Fax: (515)281-4073

www.flowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

#### **FORM-GB**

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT	OR OFFICE	RECEIVING THE	GIFT OR	REQUEST:

Newton Correctional Facility				
Name of Department or Office PO Box 218	Newton, IA 50208			
Mailing Address	City, State, Zip Code			
641-792-7552 x 411 Area Code & Telephone No.				
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	JFFICE:			
Terry Mapes				
Name PO Box 218	Newton, IA 50208			
Mailing Address (if different from above)	City, State, Zip (if different from above)			
terry.mapes@iowa.gov				
Email Address	Area Code & Telephone Number (if different from above)			
ONOR OF GIFT OR BEQUEST:				
Tracy Carpenter				
Name				
PO Box 218 Newton, IA 50208				
Mailing Address City, State, Zip Code	<b>5-4-09</b> \$20.00			
641-792-7552	Date of Gift or Bequest Amount/Value*			
Area Code & Telephone Number	*value is defined as "fair madest value" of item as determined by			
tracy.carpenter@iowa.gov	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".			
Email Address (optional)				
Provide a description of the gift or bequest and purpose thereof:				
Used books for the institution library for offender	rs.			
Criteria to use this form:				
Receipt of any gift or bequest that is received by any department of	f the state or received by the Governor on behalf of the state.			

S

affirm that the gift or bequest reported above is accurate. I further assessment of the fair market value (if applicable) is correct and true to the best of my knowledge. affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and

ian Wilder bulers

le-1-0°

Revised 06/08

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 2009 510 EAST 12 SUITE 1A 2009 510 EAST 12 SUITE 1A DIES MOINES, IA 50319 Fax: (546)281-4073 www.iowa.gov/emics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

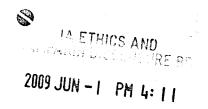
#### FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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<b>DEPARTMENT O</b>	ROFFICE	RECEIVING THE	GIFT OR BEQUEST:

· · · · · · · · · · · · · · · · · · ·					
Mailing Address C	lautan IA 50200				
441 702 7552 411	ling Address City. State. Zip Code				
Area Code & Telephone No.					
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	A-				
	UE:				
Terry Mapes					
Name PO Box 218	Newton, IA 50208				
Mailing Address (if different from above)	City, State, Zip (if different from above)				
terry.mapes@iowa.gov Email Address					
Inali Address	Area Code & Telephone Number (if different from above)				
ONOR OF GIFT OR BEQUEST:					
24.40					
Matt Spaur					
PO Box 218 Newton, IA 50208					
110.000, 111 00200	5 6 00				
Mailing Address City, State, Zip Code 641-792-7552	\$40.00				
	Date of Gift or Bequest Amount/Value*				
urea Code & Telephone Number	*value is defined as "fair market value" of item as determined by				
matt.spaur@iowa.gov	receiving department or office. If no value mark "0.00".				
mail Address (optional)					
Provide a description of the gift or bequest and purpose thereof:					
Used books for the institution library for offenders.					
Criteria to use this form:					
Description of the second of t					
Receipt of any gift or bequest that is received by any department of the s	state or received by the Governor on behalf of the state.				



### **Newton Correctional Facility**

PO Box 218, Newton, Iowa 50208

Date	Name	Reason	Amount		
04/23/09	Sarah Zaruba	PO Box 218, Newton, IA 50208		\$	15.0
5/4/2009	Tracy Carpenter	PO Box 218, Newton, IA 50208		\$	20.0
5/6/2009	Matt Spaur	PO Box 218, Newton, IA 50208		\$	40.0
					1234
	Reason: The above are employees	of the Newton Correctional Facility and are	all		
	donating used books to the institution		all		<del></del>
_				<u> </u>	
			·		
				-	
			Total Amount :	\$	75.00